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|  | Application for Appointment |
|  | Technical Member |
|  |  |

# CLIMATE EMERGENCY MOBILIZATION TASK FORCE

## Primary Area of Expertise (Select one)

Air Quality Agriculture Built Environment Economics Energy Transit/Transportation

## Secondary Areas of Expertise (Optional - select up to three)

Air Quality Agriculture Built Environment Economics Energy Transit/Transportation

## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email | : |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## References

Please list two personal or professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  | | |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  | | |

## Recent Employment/Volunteer History (not all space must be used)

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| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Job Title: |  |

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| Responsibilities: |  |

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| From: | |  | To: |  |  | | |
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| Company: |  | | | | | | | Phone: |  |
| Address: |  | | | | | | | Job Title: |  |

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| Responsibilities: |  |

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| Company: |  | | | | | | | Phone: |  |
| Address: |  | | | | | | | Job Title: |  |

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| --- | --- |
| Responsibilities: |  |

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| From: | |  | To: |  |  | | |
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| Company: |  | | | | | | | Phone: |  |
| Address: |  | | | | | | | Job Title: |  |

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| --- | --- |
| Responsibilities: |  |

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| From: |  | To: |  |  | | |
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## Disclaimer and Signature

My signature (electronic signature accepted) below certifies that my answers are true and complete to the best of my knowledge. I understand that if this application leads to appointment, I will be required to file a conflict of interest financial disclosure annually, and I will be required to complete a two-hour ethics training every two years.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |